

(1) PLACE OF BIRTH

County of AikenTownship of Langley

Inc. Town of

City of Wear Langley

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30800

Registration District No. 217 Registered No. 142

(For use of Local Registrar)

St.: Ward)

(2) Full Name of Child John S. Hazel

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 26 1923

(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Johnnie Hazel (9) PRESENT POSTOFFICE OF FATHER Augusta Ga (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 26 (Years)MOTHER. (14) NAME BEFORE MARRIAGE Grace Clark (15) PRESENT POSTOFFICE OF MOTHER Augusta Ga (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Aiken So S.C. (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive as 4 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) Paul S. Hazel (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga(26) Witness Lattie Hazel (27) Filed Nov 3 1923 (28) L. W. Spradley Registrar

Given name added from a supplemental report

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Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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